

STATE OF HAWAII
DEPARTMENT OF COMMERCE AND CONSUMER AFFAIRS
Business Registration Division
335 Merchant Street, Room 203, Honolulu, Hawaii 96813
(808) 586-2722

Check one:
☐ new
☐ renewal

OFFICE USE ONLY
_____-S1

STATEMENT OF PROFESSIONAL SOLICITOR
FOR A CHARITABLE ORGANIZATION

1. Name of professional solicitor: _____
2. Address: _____

3. Telephone number: () _____
4. Name under which business is conducted: _____
5. Names, residence and business addresses, social security numbers of all officers, partners, agents, servants, employees, directors and independent contractors:

Name and
Soc. Sec. #

Title

Residence
Address

Business
Address

6. Name of charitable organization for whom the solicitation is to be conducted:

- _____
- a. Address of the organization: _____

 - b. Purpose(s) for which the contributions solicited are to be used: _____

 - c. Individuals or officers of the organization who will have custody of the contributions: (Name, title, address, street, city and state)

 - d. Individuals or officers of the organization who are responsible for the distribution thereof: (Name, title, address, street, city and state)

7. Period of time during which solicitation is to be conducted: (Month, day and year)

8. Description of the method(s) of solicitation: _____

9. Manner of such solicitation:

a. Voluntary unpaid solicitors Yes _____ No _____

b. Paid solicitors Yes _____ No _____

c. The basis of payment and the nature of the arrangement:

_____) ss.

_____ being duly sworn, deposes and
(officer name)
says that (he) (she) is the _____ of _____
(title) (organization name)
the professional solicitor named in the foregoing statement, and that the information provided in the statement is true and correct to
the best of (his) (her) knowledge and belief.

Signature

Subscribed and sworn to before me this
_____ day of _____, 20____

Notary Public, State of _____
My commission expires: _____

INSTRUCTIONS

- Type or print legibly in black ink. All signatures shall be in black ink.
- Be sure all information requested is complete and that you have filled in all the blanks. If there is not enough space, attachments will be accepted.
- The nonrefundable filing fee of \$50 is payable to the Department of Commerce and Consumer Affairs.
- There is a \$15 charge for all dishonored checks.

Note: The BOND FOR PROFESSIONAL FUND-RAISING COUNSEL OR PROFESSIONAL SOLICITOR OF A CHARITABLE ORGANIZATION shall be submitted with the statement.